

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-9296 368

SL 32190

63-045451

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11868

STATE FILE NUMBER

FILED DEC 5 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b
53 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION VET. ADM. HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Florissant

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
401 St. Denis

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

FRANK

Middle

P.

Last

FORD

4. DATE OF DEATH

Month

Day

Year

November 29 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/11/07

9. AGE (last birthday)

56

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Press Operator

10b. KIND OF BUSINESS OR INDUSTRY
Warner-Jenkinson Co

11. BIRTHPLACE (City and state or country)
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Frank Ford

13b. MOTHER'S MAIDEN NAME

Ida Youngman

14. NAME OF HUSBAND OR WIFE

Betty Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW-2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Betty Ford (Wife), Same add. as 2

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of the Lung

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/7/63 to 11/29/63 and last saw him alive on 11/29/63.
Death occurred at 8:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
DR. M. D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED
11/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12-3-63

23c. NAME OF CEMETERY OR CREMATORY

Sacred Heart

23d. LOCATION (City, town, or county)

Florissant, Missouri

(State)

24. FUNERAL DIRECTOR

The Florissant Mortuary, Florissant, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

DEC 2 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

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6

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9

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11

12

13

83

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Gene D. Hutchins

Licensed Embalmer No. 4966

P. O. Address Florissant, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.